V. S. No.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82:0
County Kent	Registration Dist. No. 202
Village or City to hustertown	No. St., Ward
//	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred of yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Morgee Ween	
(a) Residence: No. 22 July (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH //
To lock OR DIVORCED (write the word)	Oct 9 193 5
5a. If merried, widowed, of divorced	(Month) (Day) (Yeer)
HUSBAND of William Allen	22. OHEREBY CERTIES. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March, 4. 1869	I last saw h 9 alive on Oct 9 1935; death Is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 9 5 A.m.
66 Hard March 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
9 Trada profession or portioular	Berebral himonhage Oct 23
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, guest house work 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year)	
12. BIRTHPLACE (city or town) & distintions Md (State or country)	Other Coats butory Causes of importance:
13. NAME John Munro	V
13. NAME 1. Munro 14. BIRTHPLACE (city or town) anely Anely (State or country) Country	Neme of operation
	Whet test confirmed diagnosis?
14.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) WWMMmm (State or country)	Accident, suicide, or homicide?
17. INFORMANT Stetling Floyde (Address) Sheetestand	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Chululin Com Oate DIt. 11 ,19 36	Nature of Injury
19. UNOERTAKER Margin V. Williams	24. Was disease os injury in eny way related to occupation of deceased?
10. FILED Oct 11- 1935 20 1 officers	If so, specify (Signed) Dr. M. D. M.D.
Registrar.	(Address) & Mulliman Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	- Indiana
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis NOV 2 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SIRPALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	DE TOTAL CONTRACTOR OF THE PARTY OF THE PART	Other contributes of the state	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

the specific of the state of th	
Contract Con	1 A 1 B

N. B.—WRITE PLA

V. S. No. 1

11111

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Kerl	Registration Dist. No.
Village or City Hortonand RT-10	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Mary Elizabet	h Crew
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (C) 1935. (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from Lever 1935 to Cert 2 and 1935
CANO ST DIENE ST 18.54	l last saw h_la_alive on Oct 3 and 1935; death is said
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 - m/2 Pm
79 / 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or particular	Date of one et
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	angina Tectorio
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	mondan.
I 13. NAME John young	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maria Reese 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT MYS Herman Second	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Still Fund Date Supply 1935	Nature of injury
19. UNDERTAKER 18 RG ellerses (Address)	24. Was disease or injury In eny way related to occupation of deceased?
Carla so menas	(Signed) Style Care M. D.
20. FILED 19.30 Registrar.	(Address) 1 9 (MWELL as

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	e I		Example II	
The principal cause of death and of importance were as follows: Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	OV 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of im	portance:		Other contributory causes of importance:	
Gallstones -		May 1,1923	Gastroenteritis	1 year
				FIRE

PHYSICIANS should state

of OCCUPA.

N. B.-WRITE PL.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	93-2
	County / Class	Registration Dist. No. 20 2
1	Village or City 130000 Rect (16	No. St., Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
/		ds. How long In U.S. if of foreign birth?yrsmosds.
,	2. FULL NAME / famelt a flux	*
	(a) Residence: No. 13 round new Melone (Usual place of abode)	St., Ward. If nonresident give city or fown and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 9
	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
	(or) WIFE of Sumas 1. Johnson	22. Oct 1 HEREBY CERTIFY, That I attended decesed from
te.	6. DATE OF BIRTH (month, day, and yeer) Sept. 1873	I last saw h a alive on Oct 9 , 1933; deeth is seld
certificate.	7. AGE Years Months Days If LESS than Untrivinal day, hrs.	to have occurred on the date stated above, at ###m.
cert	2 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH end related causes of importance were at follows:
Jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	butobly due to
back	9. Industry or business in which work was done, as SILK MILL,	Stephylococcus + Shifton
instructions on b	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	infieldin
ions	12. BIRTHPLACE (city or town) Broad heck	Other Contributory Causes of importence:
ruc	(State or country) Transford	lovered mentine to organism
inst	13. NAME WA arthur Smith 14. BIRTHPLACE (city or town)	
See	14. BIRTHPLACE (city or town)	Name of operation
	A	What test confirmed diagnosis? Was there an au'opsy?
important.	15. MAIDEN NAME Caroling 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
od w	S (State or country)	Where did injury occur?
	17. INFORMANT Many Oagels Wickes (Address) And Juck	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
V is very	Place Deck Conting Dete 10/12, 1935	Manner of Injury
TION	19. UNDERTAKER Cally H. Keellon (Address)	24. Was disease or injury in eny way related to occupation of deceased?
0	20. FILED Oct // 1931 W.J. Diekes Resistrat.	(Signed) De heater to a M. D.
	Acgistrat.	" (Addiess) - AP. P. C. T.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Cerebral hemograpase	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 2 1999	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	29	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instru FATHER

TION is very important.

-WRITE PL.

V. S. No. 1

MOTHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

16, BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

(Address)

infor- state UPA-		CERTIFICATE OF DEATH	1117
	1. PLACE OF DEATH	(131))
2 E S	County /Cent	Registration Dist. No.	
tem of should of	Village or City Marrey	ND. St., ideath occurred in a hospital or institution, give its NAME instead of street and n	Ward
= 50	Langth of rasidence in city or town where death occurredZyrs,mos.		
	2. FULL NAME Samuel 4. John	nson	
~ > vo	(a) Residence: No. (Usuar place of abode)	St., Ward. If nonresident give city or town and its second secon	Stale
PH PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
T RI	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 5 (Year)
BINDING FERMANEN EXACTI V classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia Notand Wooters Johnson	22. July 20 1931 to Och 4	deceased from
OR S A F ated	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 2.2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
- W	R. Trade, profession, or particular kind of work done, as SPINNER, Francus SAWYER, BOOKKEEPER, etc.	Artinologis	1928
SERVE NK-TI should	Mill, BANK, etc.	Chr. Intuchhie hyphrelie Hurislasin bol 20	1930
RES NG II AGE	O 10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation (month and yaar)	Other Contributory Causes of importance:	
Z I S	12. BIRTHPLACE (city or town)		

Manner of injury Nature of injury. 19. UNDERTAKER (Address) If so, specify 2D. FILED ON

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

What tast confirmed diagnosis?_____

Where did injury occur?_

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

RD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.—WRITE PLA

	CTATE OF	MADW AND	CERTIFICATE OF DELEVI	
1. P	SIAIL OF	MARYLAND—	CERTIFICATE OF DEATH	11118
1. Pi	County Kacet	0.15	Registration Dist. No. 2	011
	Village or City Fairlee	Chest	elacon RR	
0		(If	f death occurred in a hospital or institution, give its NAME instead of street a	and number)
ent	Length of residence in city or town where death	occurred 10 yrsmos	da. How long in U.S. If of foreign blrth?yrs	mosds.
2. FI	ULL NAME Mary	Milles	If U.S. Veteran specify WAR	00001000000000000000000
stat	(a) Residence: No. Jairles	<	St.,Ward.	
	PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
3. SEX		SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
. Fee	usa cal	OR DIVORCED (write the word)	(Month) (Oay)	, 193 5 (Year)
± HUS	arried, widowed, or divorced ISBANO of I) WIFE of John Mill	en	22. I HEREBY CERTIFY, That I atten	ded deceased from
	OF BIRTH (month, day, and year)	about 1860	I last saw bear alive on O 11 19.5	death is said
6. DATE 7. AGE	75 Years Months	Days If LESS than	to have occurred on the dato stated above, et 1.20 m.	E , Geath 13 38.0
7. AGE	80(2)	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z 8.	Trade, profession, or particular	1 01-1	were as follows.	Oate of enset
of of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Burne vort /2 of foly.	lat-11/31-
back CUPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		A1)	
10.1	Date deceased last worked et this occupation (month end 1952	11. Total time (years) apent in this occupation	proces	
2 2 (12. BIRTHPLACE (city or town) Working Pourle		Other Contributory Causes of Importance:	
strustrus,	Course of	<i>a</i> ·	Coplall lawy telethers Can	yls.
See inst 14. B	NAME Dany Con	regys.	fire.	
See instru	15. MAIDEN NAME Unknown		Neme of operation Oate of)f
E 15			What test confirmed diagnosis? Was there	
very important. NOTHER			23. If death was due to external causea (VIOLENCE) fill in also the follow	
0 16, 8	(State or country)		Accident, suicide, or homicide?	19.5
ii)	Oh P	0	Where did injury occur? (Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
Acry import	(Address)	1 2 0 de	Specify whether injury occurred in INDUSTRY, in HUME, or in Public	PLACE.
10, DUNIA	IAL, CREMATION OR REMOVAL	The Hard Mind.	Manner of injury Burnel orn /2 17	ode /
P P	Place MI Pleasant Oate Oct 14 1935		Nature of injust supple to Pool del Car	6-
TION IS.	Marine Wal	lia.	24. Was disease or injury in any way related to occupation of deceased?	-/
3 E 19. 0HOE	(Address) Worlow Md	T. O	If so, specify	-0
20. FILEO	Oct 12 35 7	Of 1: +1	(Signed) tracked briefly	Course
20. FILEU	19.4	Xu/mun	Many Yahrederland	- A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Fuly 5,1927 Peritonitis Other contributory causes of importance:

N. B.—WRITE PLA

CAUSE OF DEATH in plain terms, so that it may be properly classified.

very important. See instructions on back of certificate.

TION

PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(10)
County S Level.	Registration Dist. No.
Village or City Hamsinlle	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary & Myers	22. I HEREBY CERTIFY. That I attended deceased from 19.35, to Ch. 3, 19.3 S
6. DATE OF BIRTH (month, day, and year of 0 & 12 1865	f last saw h Qlive on Och 2 19.35: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 6 /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	General Caralysis Oct. 35
SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) January (Stata or country)	Other Contributory Causes of importanca:
	Socomoor araya 17 mis
13. NAME John Christian ryers 14. BIRTHPLACE (city or town) Sermany (State or country)	Nama of operation
15. MAIDEN NAME ON AN GAR OF Grans 10000	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME margare and Completed 16. BIRTHPLACE (city or town) Sermany	Accident, suicide, or homlolde? Date of injury, 19
17. INFORMANT Edward rugess (Address) Belleston and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Chestertony Date Dot 5, 1836	Manner of injury
19. UNDERTAKER BRUTOLOWS (Addrass) Rutolows and	24. Was disease or injury in any way related to occupation of daceased?
20, FILED (Oct-4-, 19 35 WV Hicks Registrat.	(Signed). The Dunnone M. D. (Address) Cahes withour mod

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 2 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUREAU V. S. []	July 5, 1927	Peritonitis	3 days ago	
Annual Control of the				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH	120
ould state OCCUPA.	1. PLACE OF DEATH /		
	County Kaut	A Registration Dist. No. 20	13
=	Village or City Rees Corner 10	ark Wall DR	
sh		death occurred in a hospital or institution, give its NAME instead of street and	number)
NS ut	Length of residence in city or lown where death occurredyrsmos		nosds.
PHYSICIANS ict statement	2. FULL NAME James Ray / New	veomo	
SIC	(a) Residence: No. / Ruck Had	St., Ward.	
HY t s	(Usual place of abode)	If nonresident give city or town and	State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
X E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wgite the word)	21. DATE OF DEATH	
d.	Mall white prusse	(Month) (Day)	(Year)
A C T assifted	58. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, Thet I ettended	decassed from
lass	(or) wire or	Law. 197 to act. 9	1936
EX cl	6. DATE OF BIRTH (month, day, end year) Jeb. 14. 1920	I last saw h man alive on Act 7 193.	death is seld
stated E properly certificate.	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, 1.30 m.	
stated proper	15 7 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	
	8 Trade profession or particular	11	Date of onset
be of	kind of work done, es SPPNNER, SAWYER, BOOKKEEPER, etc	Weaketer Melletus	1927
ould may back	9. Industry or business in which work was done, as SILK MILL,		
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
M + 0	this occupation (month englet. 10/31 spent in this who occupation		
supplied. AGE in terms, so that See instructions	161.0	Other Contributory Causes of Importence:	1 11 11 11
l. so	12. BIRTHPLACE (city or town) (State or country) (State or country)		16.10
liec ms istr	13. NAME (Nous A Nouveral	seeming anewa	1935
efully supplied in plain terms, int. See instru	E O O O O		
ain Se	(Stete or country)	Neme of operation	
refully in pla tant.	15. MAIDEN NAME illir Vegginin Maclia	Whet test confirmed diagnosis?	
. 60		23. If death wes due to external ceuses (VIOLENCE) fill in elso the followin	-
TH	State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
be EA im	In Per Morrand 2	(Specify city or town, county and Sta	te)
should be car OF DEATH very import	17, INFORMANT . Production (Address)	Wildlier injury occurred in INDUSTRY, In ADME, OF IN PUBLIC PL	AUŁ,
should OF D	18. BURIAL, CREMATION, OR REMOMAL	Menner of Injury	
_ M .=	Place / Sley Marel Date TCM- // , 19.95	Nature of injury	
CAUS	10 m the Gentle C	24. Wes disease or injury in eny way releted to occupation of Accessed?	
EOH	19. UNDERTAKER (Address) Musich II II	If so, specify	/
(7)	Bole 11 - 25 Men 7 B De andi	(Signed) Trays IV, Durit	G MD
(1)	20. FILED SCN. e/- 1930 MINDS. fo. fe). a Hun Oling Registrar.	(Address) Phealestern	med
		2412 N. Charles Street, Baltimore, Requesting U. S. Vo. 1.	

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Combred homomhage	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 2 1000	July 5,1927	Perilonilis	3 days ago	
BUREAU V. S		*		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	131
1. PLACE OF DEATH			
County fourt	0	Registration Dist. No. 30	2
Village or City rear Ch	edulaion	NoSt.,	Ward
Length of residence in city of town where		f death occurred in a horpital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?rs	
2. FULL NAME Codovar	1 White	If U.S. Veteran specify WAR	1001
71	To we	Olar La Ave est	**************
(a) Residence: No./Leclus	Usual place of abode)	If nonresident give city or town and	I State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 14. COLOR OR RACE Real 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 \ (Year)
HUSBAND of		22. I HEREBY CERTIFY. That I attended No medical of allention	deceased from
6. DATE OF BIRTH (month, day, and feeler	Acroson 1880	I last saw h alive on, 19,	.; death is said
7. AGE Yeers Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
23 ,	ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Land Land	4	-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	accrecy	Very drived feel down	
work was done, as SILK MILL, SAW MILL, BANK, etc.		11-20-14	Re
10 Data deceased last worked et this occupetion (month and lot	11. Total time (yeers) spent in this	many my various parame	-
year)	O occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)			
(State or country)	· serie		-
13. NAME centre	we		
14. BIRTHPLACE (city or town)	wheron	Name of operation Date of	
× (State of Country)		What test confirmed diagnosis? Wes there an	au opsy?
15. MAIDEN NAME	war	23. If death was due to external causes (VIOL ENCE) fill in also the following	
O 16. BIRTHPLACE (city or town) (State of country)	pur	Accident, suicide, or homicide? Date of Injury	, 19
1 1 1 1	/	Where did injury occur? (Specify city or town, county and Sta	te)
17. INFORMAN Comments Niche	LAND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	,	Manner of injury	
Place County Home a	Date Sel 21,1932	Nature of injury	
19. UNDERTAKER Manyin (Address)	William	24. Was disease or injury in any way related to occupation of deceased?	
20, FILED (Qe/2/1935- 21	Thicke	(Signed) Transfell Levell Con	020 M. 0

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

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CUFA	1. PLACE OF DEATH		(S)	2
or occ	Village or City Pock Hall	Cdesull	Registration Dist. No. St., No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
statement	Length of residence in city or town where death of the second sec	coursed yrs mos	ds. How long in U.S. if of foraign birth?yrsmos.	ds.
	(a) Residence: No.	Usual place of abode)	St., Ward. If nonresident give city or town and S	tate
act	PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
i. Exact		NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 7 - (Year)
classined.	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended de	eceased from
	6. DATE OF BIRTH (month, day, and year)	18-35		death is said
cat	7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
properly certificate		1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc			
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at			
s on	D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
instructions	12. BIRTHPLACE (city or town) PURCH HO	all/Edusille	Other Contributory Causes of Importance:	•
	13. NAME Clarence W.	Miama		
t. See instru	14. BIRTHPLACE (city or town)	ur con	Name of operation Date of	
02	(Stata of Country)	mo,	What test confirmed diagnosis? Was there an au	opsy?
ant	15. MAIDEN NAME Muldrey	Dinne	23. If death was dua to external causes (VIDL ENCE) fill In also tha following:	
ort	16. BIRTHPLACE (city or town) (Stata or country)	more	Accident, suicide, or homicide? Date of injury	, 19
very important	17. INFORMANT ACKEL COLLEGE (Address)	estist miduit	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE Specify city or town, county and State)	E.
130	18. BURIAL, CREMATION, OR REMOVAL Place	a Och 8, 1833.	Manner of Injury	
TION	19. UNDERTAKER ONDELLAS	engon (Sextor	24. Was diseasa or injury in any way related to occupation of deceased?	
	20. FILED (Del. 8 1935 MAR.)	1732) midin	(Signed) Mrs. J. B. Sparalise of Reg	relies

FY, That I attended deceased from 119____; death is said uses of importance Date of onset ---- Date of ----- Was there an autopsy?----fill In also tha following: Date of injury_____, 19____ or town, county and State) HDME, or in PUBLIC PLACE. upation of deceased? (Address) __

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
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